

**Virginia Health Practitioners' Monitoring Program
Monthly Employer Report**

Name of Participant: _____ **Client #** _____ **CM:** _____

Date of Report: _____ **For Month:** _____, 20____

Participant's Job Title: _____

Hours worked:

Average work hours per day: _____ Average total hours per week: _____

Shifts worked:

☐ Day ☐ Evening ☐ Night ☐ Weekend

Attendance:

Number of absences: _____ Number of late arrivals: _____

Did you see the participant face-to-face this month?

☐ Yes ☐ No

Is the participant's conduct professional?

☐ Yes ☐ No

Has there been any workplace disciplinary action? If yes, was it written or verbal? Please explain below.

☐ Yes ☐ No ☐ Written ☐ Verbal

Please tell us your assessment of this individual's work performance since last month (or the last report you filed) and include supporting comments: ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

Comments/Concerns: _____

Do you need more information about the Health Practitioners' Monitoring Program (HPMP) or the participant?

☐ Yes ☐ No

Do you need to speak with the participant's case manager?

☐ Yes ☐ No

As far as you are aware, does the participant comply with the standards of acceptable and prevailing practice and appear able to practice with reasonable skill and safety?

☐ Yes ☐ No

Do you have concerns about the participant's behavior, work performance or compliance with HPMP?

☐ Yes ☐ No

I have a copy of the participant's RMC # _____

Person Completing Report (Print Name) : _____ **Title:** _____ **Date:** _____

Signature: _____ **Telephone:** _____

(Please fax this form to 804-828-5386 by the 10th of the month. Thank you for your cooperation!)

For Office Use Only

Date Received by HPMP: _____ **Case Manager:** _____